

73-36 GRAND AVENUE, MASPETH NY 11378
718-507-8184

MEDICAL RELEASE FORM

Patient name: _____ **Date of Birth:** _____

Type of Scan(s): _____ **Date of Scan:** _____

I am hereby authorized the following doctors/attorney's permission to my finalized report for **TODAY'S EXAMS ONLY.**

Please release the following report to the following doctors/attorney's:

Doctor Name:	
Address:	
Phone #	
Fax #	

Attorney Name:	
Address:	
Phone #	
Fax #	

Patient/Guardian Signature: _____ **Date:** _____